

08/30/99
JC674 U.S. PTO




PTO/SB/05 (4/98)

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for nonprovisional applications under 37 C.F.R. § 1.53(b))	Attorney Docket No.	245/172
	First Inventor or Application Identifier	Taylor, Charles S.
	Title	ACCESS PLATFORM FOR INTERNAL MAMMARY DISSECTION
	Express Mail Label No.	EL358423434US

09/385812
JC625 U.S. PTO
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APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231															
<p>1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages <u>114</u>] (preferred arrangement set forth below)</p> <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawings(s) (35 U.S.C. 113) [Total Sheets <u>62</u>].</p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>5</u>]</p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))</p> <p>i. <input type="checkbox"/> DELETION OF INVENTORS Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</p>	<p>5. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Copy</p> <p>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p> <p>ACCOMPANYING APPLICATION PARTS</p> <p>7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>8. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignment)</p> <p>9. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS/PTO-1449)</p> <p><input type="checkbox"/> Copies of IDS Citations</p> <p>11. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)</p> <p>13. <input type="checkbox"/> Small Entity Statement(s) (PTO/SB/09-12)</p> <p><input checked="" type="checkbox"/> Statement filed in prior application, status still proper and desired.</p> <p>14. <input type="checkbox"/> Certified copy of Priority Document(s) (if foreign priority is claimed)</p> <p>15. <input type="checkbox"/> Other: _____</p>															
<p>NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)</p> <p>16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:</p> <p><input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: <u>08/903,516</u></p> <p>Prior application information: Examiner <u>William Lewis</u> Group/Art Unit <u>3731</u></p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>																
<p align="center">17. CORRESPONDENCE ADDRESS</p> <table border="1"><tr><td><input checked="" type="checkbox"/> Customer Number or Bar Code Label</td><td align="center">22249 (Insert Customer No. or Attach bar code label here)</td><td><input type="checkbox"/> Correspondence address below</td></tr><tr><td colspan="3">Name _____</td></tr><tr><td colspan="3">Address _____</td></tr><tr><td>City _____</td><td>State _____</td><td>Zip Code _____</td></tr><tr><td>Country _____</td><td>Telephone _____</td><td>Fax _____</td></tr></table>		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	22249 (Insert Customer No. or Attach bar code label here)	<input type="checkbox"/> Correspondence address below	Name _____			Address _____			City _____	State _____	Zip Code _____	Country _____	Telephone _____	Fax _____
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<table border="1"><tr><td>Name (Print/Type)</td><td>Kenneth S. Roberts</td><td>Reg. No. (Attorney/Agent)</td><td>38,283</td></tr><tr><td>Signature</td><td></td><td>Date</td><td>August 30, 1999</td></tr></table>		Name (Print/Type)	Kenneth S. Roberts	Reg. No. (Attorney/Agent)	38,283	Signature		Date	August 30, 1999							
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Signature		Date	August 30, 1999													

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